

The Department of Social Services (DSS) wants to hear from you regarding the service provided you. This information is used to continuously improve service.

If you were *satisfied* with the service, complete the attached "Service Satisfaction Statement" (DSS 340), and give it to your assigned worker or mail to:

Department of Social Services
Attn.: Janet Hayakawa, FBS 4
PO Box 8119
San Luis Obispo, CA 9340-8119

If you were *not* satisfied with the service:

- Discuss with your assigned worker.
- If you cannot resolve the problem, discuss it with the worker's supervisor. You can reach the supervisor by calling 781-1600.
- If you cannot resolve the problem with either your worker or the supervisor, complete the attached "Service Satisfaction Statement" and either mail it to Janet Hayakawa at the above address or

Deliver the form to our office at:

3433 South Higuera in San Luis Obispo;

or

call Janet Hayakawa at 781-1874.

If your problem involves **Child Welfare Services (CWS)**, your last internal option is to request a review by the CWS Standing Review Panel by calling 781-1825 or Janet Hayakawa at 781-1874.

If your problem involves **Relative/Non-Relative Extended Family Member (NREFM) Home Approval** you may request a Grievance Review by completing the attached "Service Satisfaction Statement" and mailing it to Janet Hayakawa at the above address.

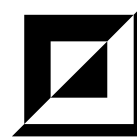
If your problem involves **Adoptions**, you may request a Grievance Review by completing the attached "Service Satisfaction Statement" and mailing it to Janet Hayakawa at the above address.

Complaints and Grievance Reviews have different filing dates. Beginning with the date of the action that caused the complaint they must be filed within the following days:

- | | |
|-----------------------|---------|
| • General Complaint | 90 days |
| • NREFM Grievance | 10 days |
| • Adoptions Grievance | 30 days |

This pamphlet is available on the DSS Internet website:

<http://www.slocounty.ca.gov/dss.htm>



**A Responsible and Caring
Community:
Safe, Resilient, and Healthy**

County of San Luis Obispo Department of Social Services



Service Satisfaction Survey

SERVICE SATISFACTION STATEMENT

Please print or write legibly. Be specific.

Your Name: _____ Phone Number: _____

Address (City/State/Zip): _____

Name of Child/Adult Complaint is about: _____

Your Relationship to Child/Adult: _____

Name of Worker: _____ Service Program: _____

I have discussed my concern with: _____

Describe your satisfaction/dissatisfaction with the service you received.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Indicate what change you would like to see.

Today's Date: _____ Your Signature: _____